

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Franklin C. Ognelodh

Mailing Address 2831 Robys Way

City
Midlothian

State
VA

Zip Code
23113-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : 21564663

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Josh White

Mailing Address 562 Ridgewood Rd.

City
Maplewood

State
NJ

Zip Code
07040-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : 21564665

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. David Alan Yeager

Mailing Address 2165 Fawn Ridge Dr.

City
Dixon

State
IL

Zip Code
61021-9502

FEC ID number of contributing
federal political committee.

C

Name of Employer

KSB Medical Group/Foot & Ankle Center

Occupation

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : 21564666

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00